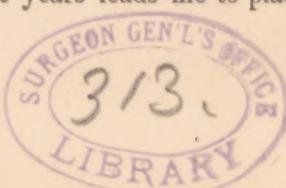


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THE VALUE OF COUNTER-IRRITATION IN THE TREATMENT OF CERTAIN AFFECTIONS OF THE MIDDLE EAR.

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A SENSE of confidence that a certain drug or remedial procedure will produce a given effect, affords the practicing physician the utmost satisfaction. In the comparatively short list of aural remedies and remedial procedures there are very few in which this degree of trust may confidently be reposed, and, among these few, counter-irritation does not at the present time hold a very high rank. It is true that the older authorities — for example, Wilde and Toynbee — advocated the employment of counter-irritation in the treatment of various aural diseases, and from their day to the present time it has been the almost universal custom to apply blisters behind the ear for all sorts of aural affections. In fact, there are not a few general practitioners who make a regular practice, in all cases in which their advice is sought for the relief of deafness, tinnitus, or any other aural symptom, of first syringing the external auditory canal, and then, if that fails, of blistering the skin throughout an extensive area around the ear. They make no serious effort to ascertain the real nature of the disease, and employ these two procedures in a perfectly haphazard manner. I am disposed to believe that the frequent observation of the barren results following this practice of indiscriminate blistering, influenced many of my fellow specialists, as it did me at one time, to consider this uncomfortable therapeutic procedure as well-nigh impotent to relieve a single one of the aural affections for which it is so often used. It is also probably for the same reason that so little is said about the use of counter-irritation in almost all of the treatises on otology which have been published since the time of Toynbee and Wilde. My own experience during recent years leads me to place



a higher value upon counter-irritation than I was at one time willing to concede to it; and, from conversations which I have held with some of my colleagues, I think I am justified in saying that this opinion of the value of counter-irritation in certain forms of disease of the ear, is that held by not a few of the aural specialists of this country.

The class of cases in which I find counter-irritation particularly useful comprises all those in which the vessels of the middle ear and immediate neighborhood remain more or less gorged with blood long after the disappearance of pain in the affected region. This passive congestion of the middle ear is observed in its simplest and most easily controlled form in the later stages of an acute catarrhal inflammation of the middle ear, and is then often associated with a free exudation of serum or mucus in the tympanic cavity. It is observed in a more obstinate form in a few cases of chronic catarrhal inflammation of the middle ear, associated with, and apparently dependent upon, a high degree of congestion of the naso-pharyngeal mucous membrane. In the treatment of cases like these counter-irritation often proves of decided value. I would not go so far as to say that we can depend upon its curative efficacy alone, but would simply claim for it the power to materially enhance the good effects of the naso-pharyngeal treatment. In some cases even I have noted the fact that, despite a prolonged course of naso-pharyngeal treatment, and a systematic employment of Politzer's method of inflating the middle ears, no demonstrable diminution in the quantity of the exudation in the tympanic cavity, or in the degree of congestion of the manubrial and peripheral blood-vessels of the drum membrane, took place until after counter-irritation in the mastoid region had been practiced systematically for a longer or shorter period of time.

In infants and young children sufficient counter-irritation may usually be obtained by painting the skin over the mastoid process once or twice daily with two or three coats of the tincture of iodine. As soon as decided soreness is produced, the skin should be allowed to remain quiet for three or four days before the applications are resumed. From the progress of the case it will be an easy matter to decide how long this mode of counter-irritation should be kept up.

In adults it is also sometimes possible to produce a sufficient degree of irritation of the mastoid integuments by means of the tincture of iodine, but as a rule it is better to resort at once to the application of the ordinary Spanish fly blistering plaster or of Squibb's cantharidal collodion. I prefer the latter, and usually apply at least three or four coats to the skin behind the ear, taking the precaution—and this is an important part of the procedure—to cover well the freshly painted skin with a piece of rubber plaster. If Husband's plaster or ordinary court plaster be used instead, care must be taken to keep up slight pressure over the part for a few hours, or we may fail in our efforts to produce an actual blister. It is not necessary to apply a blister larger than one and one half inches by five eighths of an inch. It is also advisable not to apply the blistering material later than two or three o'clock in the afternoon, as from five to seven or eight hours are usually required for the formation of a well-marked collection of serum. When such a sac has formed, its contents should be evacuated, as much of the dead cuticle should be removed as may be possible, and the raw surface should be dressed with vaseline or with simple cerate. For so long a period as may be found necessary, a fresh blister should be applied on every fifth or sixth day, according to the condition of the skin behind the ear. So far as I can remember, I have never applied to one and the same mastoid region a series of more than six or seven blisters. By that time either I have found that the evidences of congestion of the middle ear had disappeared, or I have lost faith in the efficacy of the procedure to produce the desired effect.

